

CSHCS MPRs and Indicators: What LHDs need to know for Cycle 6

Michigan Department of Community Health's Children's Special Health Care Services (CSHCS) program has revised the CSHCS Michigan Local Public Health Accreditation Program Minimum Program Requirements (MPRs) and Indicators for Cycle 6 of Accreditation.

Please be sure to review the 2015 MPR Tool for specific requirements.

This sheet is meant as a summary of the major changes to the Indicators and includes information the Accreditation Review Team will need for your visit.

Our goal is to be more transparent with the necessary information needed for review, and to improve the Accreditation program for you, as the LHD, and also for all of CSHCS and our families.

If you have any questions about the changes, please contact Courtney Pendleton at PendletonC@michigan.gov or 517/241-7189.

Please remember this document is meant for guidance regarding Accreditation. LHDs should consult the MPR Tool for all requirements.

MPR/ Indicator	Description of Change:	Additional Guidance:
1.1	Cycle 5 Indicators 1.1 & 1.2 have been combined. Indicator language has been clarified to demonstrate a staffing configuration that includes a Registered Nurse and a program representative is required. The staffing level per caseload graph listed within Indicator 1.1 is recommended.	Reviewers will need a staffing roster of all CSHCS staff, including their position (Rep, Nurse, etc.), county assignment (if applicable), CSHCS start date, and CSHCS end date (if applicable) for all staff working within CSHCS 1/1/12-today. Materials are required in advance of the onsite visit. Reviewers will be using "Contacts At A Glance," and FSRs for comparison purposes.
1.2	Cycle 5 Indicators 1.3 & 1.4 have been combined. Indicator language has been clarified to demonstrate that one person from each LHD is required to attend the annual regional meetings.	Certificates and/or personnel records are required for those employees starting within CSHCS as of 1/1/12-today, or when MDCH CSHCS updates the trainings. Materials are required in advance of the onsite visit. MDCH CSHCS has the original sign-in sheets for each regional LHD meeting, so it is not necessary for the LHD to submit verification, unless they neglected to sign-in.
2.1	Unchanged from Cycle 5	Reviewers will conduct an onsite review to ensure all staff listed on the "Contacts At A Glance", and FSRs have access and can efficiently use the CSHCS On-Line database.
2.2	Unchanged from Cycle 5	Reviewers will conduct an onsite review to ensure all staff listed on the "Contacts At A Glance", and FSRs have access and can efficiently use the EZ Link.

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2.3	Unchanged from Cycle 5	Reviewers will be requesting up to 30 charts. The chart review will include all information/activities within the LHD charts from 1/1/12 to 12/31/14 (as if looking at a paper chart, for example). LHDs will be notified of the specific client chart list prior to the review. Materials are required in advance of the onsite visit.
2.4	Unchanged from Cycle 5	LHDs need to submit signed HIPAA agreements for all staff working within CSHCS starting 1/1/12-To Date. Materials are required in advance of the onsite visit.
2.5	Unchanged from Cycle 5	Reviewers will be asking to tour the LHD office, from the family's perspective.
3.1	Indicator language has been clarified to include the CSHCS Guidance Manual and the Medicaid Provider Manual.	LHDs need to be proficient in using both the CSHCS Guidance Manual and the Medicaid Provider Manual. Reviewers may ask for a demonstration of proficiency.
3.2	The specific, individual policy/procedure requirements have been moved to Addendum I.	LHDs need to provide a signed statement(s), signed by managing/coordinating staff demonstrating CSHCS policies and procedures have been reviewed and updated annually for 2012, 2013, and 2014 (for 2015 visits). LHDs need to submit the 2014 policies/procedures. Materials are required in advance of the onsite visit. LHDs should only submit the 26 required elements.
3.3	Indicator language has been clarified regarding family input.	LHDs need to submit copies of family surveys, documents, satisfaction surveys, etc., and any follow-up information including results of the survey and any actions taken by the LHD; or other materials used for family input. Materials are required in advance of the onsite visit.
3.4	Unchanged from Cycle 5	Reviewers will be looking for the rights and responsibilities to be posted in all areas viewed by families; rights and responsibilities noted within the client charts; and/or copies provided to families.
3.5	Indicator language has been clarified to match the CPBC reporting requirements. It is important for all CSHCS to be aware of the CPBC reporting requirements.	MDCH CSHCS will review the CPBC reporting requirements comparing it to the LHD submission information and dates. Reviewers will be verifying the CPBC required documentation and reports were received within the required timeframe.
4.1	Unchanged from Cycle 5	In order to better organize the various types of information gathered and submitted, our Accreditation Peer Nurse Reviewers have created an example of an outreach log that is available for use by all health departments (see

MPR/ Indicator	Description of Change:	Additional Guidance:
		Outreach Log attachment). LHDs need to submit copies of their outreach materials for activities performed 1/1/12-12/31/14 (for 2015 visits). Materials are required in advance of the onsite visit.
4.2	Cycle 5 Indicators 4.2 & 5.4 have been combined. Indicator language has been clarified in regards to referrals and applications to other services and programs for CYSHCN and CSHCS clients.	Reviewers will be looking for chart documentation regarding referrals for the CSHCS-enrolled clients. During the onsite visit, Reviewers will be discussing with LHDs how they assist CYSHCN who are not enrolled in CSHCS.
4.3	Unchanged from Cycle 5	If Reviewers are unable to locate diagnostic evaluations within submitted chart documentation, copies of diagnostic evaluations will be requested at the onsite visit. LHDs should be prepared with copies of diagnostic evaluations authorized in 2012, 2013 and 2014.
4.4	Unchanged from Cycle 5	LHDs need to submit all LHD-created correspondence sent/given to families. Materials are required in advance of the onsite visit.
5.1	Unchanged from Cycle 5	Reviewers will be looking for application assistance within client chart documentation. If Reviewers are unable to locate application assistance within submitted chart documentation, copies of application assistance will be requested at the onsite visit.
5.2	Unchanged from Cycle 5	Reviewers will be looking for application follow-up within client chart documentation. If Reviewers are unable to locate application assistance within submitted chart documentation, copies of application follow-up will be requested at the onsite visit.
5.3	Unchanged from Cycle 5	Reviewers will be looking for follow-up regarding TEP within client chart documentation. If Reviewers are unable to location application assistance within submitted chart documentation, copies of TEP follow-up will be requested at the onsite visit.
6.1	Unchanged from Cycle 5	Reviewers will be looking for evidence of initial assistance and annual contact to clients/families within client chart documentation. If Reviewers are unable to locate initial and annual assistance within chart documentation, copies of application follow-up will be requested at the onsite visit.
6.2	Indicator language has been clarified to include various aspects of the CSHCS program and benefits available to families,	Reviewers will be looking for assistance documented within the client charts.

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	including, but not limited to: billing problems, hospice, insurance issues, premium assistance, applications to the CSN Fund, applications for home care and/or respite services, TEFRA, etc.	
6.3	Cycle 5 Indicator 6.4 is now Cycle 6 Indicator 6.3. Indicator language has been clarified to include youth, rather than 18 and 21 year olds.	Reviewers will be looking for assistance and activities documented within client charts regarding transition services.
6.4	Cycle 5 Indicators 6.5 and 6.6 regarding transportation have been combined. This indicator now discusses both in-state (IS) and out-of-state (OOS) transportation assistance.	Reviewers will be looking for documentation within client charts for both IS and OOS transportation assistance provided to families. If the LHD has not had any clients/families requesting OOS transportation during 1/1/12-12/31/14 (for 2015 visits), the LHD needs to be prepared to explain how assistance would be provided during the onsite visit.
6.5	Cycle 5 Indicator 6.67 is now Cycle 6 Indicator 6.6. Indicator language has been clarified to discuss OOS medical care assistance.	Reviewers will be looking for assistance provided to families requesting OOS medical care documented within client charts (assistance for OOS medical care is not the same as assistance for OOS transportation). If the LHD has not had any clients/families requesting OOS medical care during 1/1/12-12/31/14 (for 2015 visits), the LHD needs to be prepared to explain how assistance would be provided during the onsite visit.
6.6	Cycle 5 Indicator 6.7 is now Cycle 6 Indicator 6.6.	Reviewers will be comparing client chart documentation and previously submitted Care Coordination and Case Management logs.